

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-87S)

SERIAL NO.

**10/586282**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1		1	
3			1		1	
4			1		1	
5			1		1	
6			1		1	
7			1		1	
8			1		1	
9			1		1	
10			1		1	
11			1		1	
12			1		1	
13			1		1	
14			1		1	
15			1		1	
16			1		1	
17			1		1	
18			1		1	
19			1		1	
20			1		1	
21			1		1	
22			1		1	
23			1		1	
24			1		1	
25			1		1	
26			1		1	
27			1		1	
28			1		1	
29			1		1	
30			1		1	
31			1		1	
32			1		1	
33			1		1	
34			1		1	
35			1		1	
36			1		1	
37			1		1	
38			1		1	
39			1		1	
40			1		1	
41			1		1	
42			1		1	
43			1		1	
44			1		1	
45			1		1	
46			1		1	
47			1		1	
48			1		1	
49			1		1	
50			1		1	
TOTAL IND.			1		1	
TOTAL DEP.			22		22	
TOTAL CLAIMS			23		23	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1		1	
52			1		1	
53			1		1	
54			1		1	
55			1		1	
56			1		1	
57			1		1	
58			1		1	
59			1		1	
60			1		1	
61			1		1	
62			1		1	
63			1		1	
64			1		1	
65			1		1	
66			1		1	
67			1		1	
68			1		1	
69			1		1	
70			1		1	
71			1		1	
72			1		1	
73			1		1	
74			1		1	
75			1		1	
76			1		1	
77			1		1	
78			1		1	
79			1		1	
80			1		1	
81			1		1	
82			1		1	
83			1		1	
84			1		1	
85			1		1	
86			1		1	
87			1		1	
88			1		1	
89			1		1	
90			1		1	
91			1		1	
92			1		1	
93			1		1	
94			1		1	
95			1		1	
96			1		1	
97			1		1	
98			1		1	
99			1		1	
100			1		1	
TOTAL IND.			1		1	
TOTAL DEP.			34		34	
TOTAL CLAIMS			35		35	